THE COMMONWEALTH OF MASSACHUSETTS

Department of Agricultural Resources
Division of Animal Health, Thoroughbred Breeding Program
225 Turnpike Road, Southborough, MA 01772
617-872-9956 Fax: 617-626-1736 www.mass.gov/agr
Please note, this is a new mailing address!

THOROUGHBRED RESIDENT BROODMARE REGISTRATION FORM FOR MARES ARRIVING AFTER DECEMBER 15, 2026

Thoroughbred broodmares imported into Massachusetts or registered with MDAR AFTER December 15 for the purpose of registering a foal must contact MDAR immediately upon arrival and complete this form. The mare listed below will be inspected to verify her presence on the registered farm and she must maintain such residence until foaling, and foal in the Commonwealth. If the mare listed on this form moves prior to foaling for any reason, MDAR must be notified immediately. This form must be completed and returned to this office along with a copy of the mare's Jockey Club registration papers. **For the foal of this mare to be eligible to the Massachusetts Thoroughbred Breeders Program, the mare must be bred back to a Massachusetts registered stallion and must appear on that stallion's mares bred list. The foal's arrival must be reported to the Department within 24 hours of foaling, prior to the mare and foal moving off the registered farm. This form and foaling reports may be made by email to linda.harrod@mass.gov, phone 617-872-9956.**

1. Broodmare information:

Name of mare: _____ Jockey Club #: _____ Microchip/ Tattoo#_____

Mare's present owner, lessee, or agent (circle one): _____

Address: _____
(Street) (City, town) (State) (Zip)

Email address: _____ Phone: _____

2. Broodmare's location:

Farm name: _____ Manager: _____

Farm address: _____ MA, _____
(Street) (City, town) (Zip)

Email address: _____ Phone: _____

3. Breeding information:

Mare is bred to (stallion): _____ Date last bred: _____

Stallion location: _____
(Name of farm) (Street) (City, town) (State) (Zip)

Email address: _____ Phone: _____

4. Signature:

I hereby certify under the pains and penalties of perjury that the information contained herein in accurate to the best of my belief and knowledge. Pursuant to M.G.L. Chapter 62C, section 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law.

X_____
(Signature of breeder, owner, lessee or agent) (Date)

X_____